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20995 7590 08/25/2004

**KNOBBE MARTENS OLSON & BEAR LLP**  
2040 MAIN STREET  
FOURTEENTH FLOOR  
IRVINE, CA 92614

09/14/2004 CNGUYEN1 00000005 10020507

01 FC:2501 665.00 OP  
02 FC:1504 300.00 OP

03 FEE:800	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/020,507	12/11/2001	Gregory H. Lambrecht	INTRIN.001CP4	1070

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(Depositor's name)

(Signature)

(Date)

TITLE OF INVENTION: INTERVERTEBRAL DIAGNOSTIC AND MANIPULATION DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES
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\$665	\$300
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\$965	11/26/2004
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EXAMINER	ART UNIT	CLASS-S UBCLASS
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NGUYEN, VI X	3731	606-191000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Knobbe, Martens,  
2 Olson & Bear, LLP;  
3 Sean Kavanaugh, Esq.  
4. Intrinsic Therapeutics, Inc.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Intrinsic Therapeutics, Inc.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

30 Commerce Way  
Woburn, MA 01801

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature



Typed or printed name Salima A. Merani

Date September 9, 2004

Recognized Under  
Registration No. 37 CFR §10.9(b)

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